



\$1617

PTO/SB/21 (01-03)  
Approved for use through 04/30/2003. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/037,064
	Filing Date	November 7, 2001
	First Named Inventor	Friederike Zahm
	Art Unit	1617
	Examiner Name	Jiang, Shaojia A.
Total Number of Pages in This Submission	Attorney Docket Number	9526

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> PTO 1449 with References (3), Request to Charge Deposit Account; Search Report; and Post Card.		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual	Dennia P. Tramaloni	
Signature		
Date	August 27, 2003	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on this date August 27, 2003		
Typed or printed	Dennis P. Tramaloni	
Signature		Date August 27, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



PATENT APPLICATION  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application

Inventors: Friederike Zahm, et al.

Serial No.: 10/037,064

Filed: November 7, 2001

For: **METHOD OF TREATING HEPATITIS C INFECTION**

Hoffmann-La Roche Inc.  
340 Kingsland Street  
Nutley, NJ 07110  
August 27, 2003

**REQUEST TO CHARGE DEPOSIT ACCOUNT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

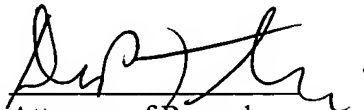
Sir:

Transmitted herewith is a **SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT** in the above-identified application.

- ☒ Please charge my Deposit Account No. 08-2525 in the amount of \$180.00 which is the fee in connection with the filing of the enclosed paper.
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No. 08-2525.
- ☒ This sheet is provided in duplicate.

09/04/2003 HMARZ11 00000042 082525 10037064  
01 FC:1806 180.00 DA

133532

  
Attorney of Record  
Dennis P. Tramaloni  
(Reg. No. 28,542)  
Telephone: (973) 235-4475  
Telefax: (973) 235-2363